

CERTIFICATE OF TRUSTEE APPOINTMENT

THIS IS TO CERTIFY, that on the _____ day of _____,
_____ was appointed to fill the
office of trustee for the _____ School District, until the next
regular school election of said district, in accordance with [20-3-309](#), MCA.

_____ Print Board Chair's Name	_____ Board Chair Signature
_____ Print District Clerk's Name	_____ District Clerk Signature

_____ School District No. _____
_____ County, State of Montana

DATED this _____ day of _____, 20____

Please file the following oath with the county superintendent within fifteen (15) days of your receipt of this Certificate of Appointment. Upon completion of taking and filing the oath of office, you will have the rights and obligations of a Trustee of the School Board pursuant to Montana law and in accordance with [20-3-324](#), MCA. You will hold this position until your successor has been qualified.

OATH OF OFFICE

I do solemnly swear (or affirm) that I will support, protect and defend the Constitution of the United States, and the Constitution of the state of Montana, and that I will discharge the duties of my office with fidelity (so help me God).

_____ Print newly appointed Trustee's Name	_____ Signature of newly appointed Trustee
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Subscribed and sworn to before me this _____ day of _____, 20____

_____ Print County Superintendent's Name	_____ Signature of County Superintendent
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Note: Give the certificate of appointment and the oath of office to the elected trustee and to the county superintendent.